

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4						
5						
6						
7	1					
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13	1					
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19	1					
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34	1					
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36	1					
37						
38	1					
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40	1					
41						
42						
43	1					
44						
45						
46	1					
47						
48						
49	1					
50						
TOTAL NO.	15					
TOTAL OFF.	42					
TOTAL	57					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61		1				
62	1					
63						
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65	1					
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99						
100						
TOTAL NO.	15		3			
TOTAL OFF.	42		6			
TOTAL	57		9			